

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R-424.
5. LEASE DESIGNATION AND SERIAL NO.
Contract No. 413
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
ODESSA NATURAL CORPORATION

3. ADDRESS OF OPERATOR
P. O. Box 3908, Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1020'/SL, 1720'/EL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 7342' KB 7354'

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chacon Jicarilla

9. WELL NO.
1-D

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T23N, R3W
NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

October 10, 1975 TD 277' Spudded well @ 4:45 p.m. 10/10/75

Ran 6 jts of 8-5/8" OD 24.00#/ft. K-55 ST&C Range III new casing 262'. Set @ 275' KB.
Cemented w/200 sxs. Class B cement w/3% CaCl₂. Circulated cement to surface.

Pressure tested casing to 600 psi - 30 mins. Held OK.

3/USGS-Durango, 1/Enterprise, 1/Dave Thomas, 1/JRM, 1/WWB, 1/JBowman, 1/JJS, 1/WF

18. I hereby certify that the foregoing is true and correct

SIGNED John J. Strojek TITLE MANAGER - PRODUCTION DEPT. DATE 10/14/75
JOHN J. STROJEK SO
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side